

**Bernard P. Carvalho, Jr.**  
Mayor



**Wallace G. Rezentes, Jr**  
Managing Director

**OFFICE OF THE MAYOR**  
**County of Kaua'i, State of Hawai'i**

4444 Rice Street, Suite 235, Lihu'e, Hawai'i 96766  
TEL (808) 241-4900 FAX (808) 241-6877

**Request for Proclamation/Message/Letter/Certificate/Photo-Op**

Please provide detailed information as indicated below and attach all other pertinent information on a separate page. If the request is for publication, please provide the due date, contact name and mailing address. Requests should be submitted **at least 4 weeks prior to the event.**

- **Request:** [ ] Proclamation (Attach informational file or drafted proclamation)  
[ ] Photo Op [ ] Message - For program booklet [ ] Certificate  
[ ] Letter
- Name of Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_
- Contact Name and Title: \_\_\_\_\_  
Contact Information: Office: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_
- Event Name: \_\_\_\_\_
- Date: \_\_\_\_\_
- Description: Attach information on the event, resource material on the subject matter, or a copy of last year's printed material with any additions/deletions.
- Deadline Date: \_\_\_\_\_

Request:

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Send to: Name/Address: (Off-island requests only)

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Submit your request to Cyndi Ayonon, [cayonon@kauai.gov](mailto:cayonon@kauai.gov) or fax to 808.241-6877. If you have any questions, please contact Cyndi at 241-4908. A response will be sent within a week of the submittal of this form.

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For Mayor’s Office Use Only

**Assign to:** \_\_\_\_\_ Date:\_\_\_\_\_ Request:\_\_\_\_\_

\_\_\_\_\_ Date:\_\_\_\_\_ Request:\_\_\_\_\_

\_\_\_\_\_ Date\_\_\_\_\_ Request\_\_\_\_\_

**Message/Letter:**

☐ Complete:    Date Mailed \_\_\_\_\_    ☐ Will call

☐ Pending additional information    ☐ Denied

**Proclamation:**

☐ Confirmed:    Proclamation and/or Photo-Op.    Date:\_\_\_\_\_

Time:\_\_\_\_\_Place:\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

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